

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **118**
Registered No. **68**

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 76 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Secarro Jiminez

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth Oct. 10-1932
Month Day Year

8. FATHER
Full name Jesus Jiminez
9. Residence (Usual place of abode) Miami Ariz.
If non-resident, give place and state.
10. Color or race Mex
11. Age at last birthday 33 (Years)

14. MOTHER
Full maiden name Margarita Ponce
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.
16. Color or race Mex
17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Jalisco Mex.
(State or country)
13. Occupation
Nature of Industry Miner

18. Birthplace (city or place) Jalisco Mex.
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 5 (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 0
(Taken as of time of birth of child heretofore certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature Byron M. Brown M.D.
(Physician or midwife)

Given name added from a supplemental report _____ Month, day, year _____
Address Miami, Arizona
Filed April 2, 1932 B. E. Iles Registrar
219-310-496